Application or Docket Number

## 

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			41-5		San Carlotte San Carlotte		Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		- شــــــــــــــــــــــــــــــــــــ	ER EXTRA	E	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			4 -) minus 20=		£ 64.			X\$ 9=	1	OR	X\$18=	उपह
INDEPENDENT CLAIMS					*			X40=		OR	X80=	21
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				ŀ	+135=		OR	+270=	670
* If	the difference	in column 1 is	less than zero, enter "0" i			olumn 2	L	TOTAL		OR	TOTAL	
	С	LAIMS AS A	MENDED - PART II							, , ,	OTHER THAN	
		(Column 1)		(Colu	mn 2)	(Column 3)	SMALL ENTITY		OR			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL AINA	= ]		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM			+135=		OR	+270=	
							L	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	А	DDIT. FEE			ADDII. PEET	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM		J	+135=		OR	+270=	
							L	TOTAL			TOTAL	
		(Calumn 1)		/Colu	mn 2\	(Column 2)	А	DDIT. FEE		10	ADDIT. FEE	
AMENDMENT C		(Column 1) CLAIMS	-	HIG	mn 2) HEST	(Column 3)	Г	<del></del>	ADDI-			ADDI-
		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		J ├	+135=		Un		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nun	nber Previously Pa	id For" (Total o	r Independ	dent) is the	e highest numbe	er four	nd in the app	propriate box	in co	lumn 1.	